

**St. Edward Catholic Church / Office of Evangelization and Catechesis**  
**2017-18 Family Registration for Religious Education** 2601 Spring Stuebner, Spring, TX 77389  
 281-353-9774 / www.saintedward.org

**REGISTRATION DEADLINES:** Early: June 15 Regular: Sept 1 *After Sept 1, late fees apply*

**Baptism, First Communion or Confirmation students: Please attach a PINK sacraments form**

**Family Information**

Head of household : \_\_\_\_\_  
Last name First name

Spouse : \_\_\_\_\_  
Last name First name

Street Address: \_\_\_\_\_  
Street city zip

Parent Cell#1: \_\_\_\_\_ Parent cell #2: \_\_\_\_\_

Primary email address (please PRINT CLEARLY)\* : \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Most communication will be sent via email; please make sure to include an email address that you check often*

Tuition and Fees:	Registered parishioners	Non-parishioners & Late Registration	Supply Fee (Grades PK-8):
1 child	\$60 (\$50 before June 15)	\$100	\$5/child x ___ children = \$ _____ OR ___ We will buy our own supplies using the list provided
2 children	\$100 (\$90 before June 15)	\$150	<b>Please check if you need to:</b> ___ arrange monthly payments ___ discuss scholarship assistance
3 children	\$130 (\$110 before June 15)	\$200	
4+ children	\$160 (\$140 before June 15)	\$250	
Home Study	\$35 per student (\$30 before June 15)	\$45 per student	

**For Office Use Only** Form# \_\_\_\_\_

Date Rec'd: \_\_\_\_\_  
 New: \_\_\_\_\_ React: \_\_\_\_\_  
 Baptismal: \_\_\_\_\_  
 Total Owed: \_\_\_\_\_ Paid: \_\_\_\_\_  
 Balance Due: \_\_\_\_\_ Data Entered: \_\_\_\_\_  
 ID# \_\_\_\_\_

**Choose your session**

<input type="checkbox"/>	Grades PK-12 / Sundays 5:30-7:00
<input type="checkbox"/>	Grades PK-5 / Wednesdays 6-7:30pm
<input type="checkbox"/>	Grades PK-12 / Home Study

**Foundations**

Classes for baptized Catholic children age 8+ who have not attended religious education for 3 or more years

<input type="checkbox"/>	Foundations/Grades 3-5/ Wed 6-7:30pm
<input type="checkbox"/>	Foundations/Grades 6-8 /Wed 6-7:30pm
<input type="checkbox"/>	Foundations / Grade 9-12 / Wed 6-7:30pm

**Students with Special Needs**

St. Edward is committed to providing religious education to all children / youth. If your child has a special need due to a medical condition, please contact Amy Auzenne at 281-353-9774 or aauzenne@saintedward.org

**Please Note**

**New students should attach a copy of their baptism certificate**

Child's Legal Name <small>Please include ALL CHILDREN in your family</small>	Birth Date	Grade in fall '17	Where did this child attend religious education (CCE) last year?	Sacraments received as a Catholic	Class Codes <small>(For Office Use only)</small>

**Other side ————>**

# Parental Consent & Liability Waiver

Other Side →→→→→

I, (name of parent / guardian) \_\_\_\_\_ agree on behalf of myself, my child's other parent if known or living (name of parent), \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, St. Edward Catholic Community (its pastor, DRE, CRE, catechists, other agents, etc.) or representatives associated with scheduled activity unless the parties involved were careless or negligent.

In addition to my self and my child's other parent / legal guardian, the following people have my permission to pick up my child/ren from religious education:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

**Note:** *If there is an individual who is legally prohibited from having contact with your child/ren, please submit a copy of the appropriate legal documents with this form.*

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge. I also give release for my child to be photographed and for this photograph to be used for the promotion of the parish. *(If you do not wish for your child's photo to be used, you must submit this in writing to the Director of Religious Education.)*

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical condition, allergy, or physical limitations of which we should be aware:

Name of Child	Medical conditions, allergies, physical limitations, medications taken

## Teen Driver /Passenger Permissions

\_\_\_\_\_ **Permission for Teen Drivers** My child is of driving age and has my explicit permission to drive him/herself to and from class and / or youth ministry events (youth group, bible study, etc.)

\_\_\_\_\_ **Permission to Transport Other teens** My child is of driving age and has my permission to drive other teens home IF their parents/guardians give written permission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_